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**SOCIAL INCLUSION OF PEOPLE WITH
DISABILITY LIVING IN DISABILITY
CENTERS IN KATHMANDU, NEPAL**

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Abstract

Background: Social inclusion describes how a society morals all of its citizens, compliments their differences, make sure that everyone's basic needs are met, their rights are ensured and enables full participation in that society. However, persons with disabilities face continual inequalities that increase the risk of ending up in poverty. Thus, an inclusive growth and development approach is needed to counter this persistent inequality. Such inclusive approaches lead to increase the capabilities, opportunities, and incomes of groups which are consistently on the margins economically, socially and politically.

Objective: The purpose of the study was to explore the social inclusion of the people with disability living in disability homes.

Methods: A cross-sectional study was conducted in Kathmandu valley, Nepal. A sample of 211 people with disabilities aged between 16 years 65 years living in disability centers and homes were randomly selected through multi-stage cluster sampling. An interviewer-administered questionnaire was used to collect data. Descriptive analyses were first conducted. Univariate and multivariate logistic regression analyses were used to explore the association between dependent and independent variables.

Results: The study found that the literacy rate and employment level among people with disability is relatively high. However, the difference in employment status related to type of disability, education level and gender has been noted in this study. There is an insignificant relationship between sex and inclusion in education and employment. The bivariate analysis showed that the involvement of male in all indicators of political inclusion as well as in social inclusion is higher than female. However, the multivariate logistic regression, depicted that for females the odds of being involved in disability organizations, political parties, opinions giving in political meeting, involvement in community meeting and volunteering work is more as compared to males.

Conclusion: The inclusion of PWDs in education, employment and in decision making and community meeting was high. The findings of this study serve to assess the impact of education,

employment, gender and age on key outcome variables. Most of the findings complement the evidence from previous research about the impact of age, education and gender on the probability of being employed, and on social participation. Perhaps the single most important finding is that lower education level of people with disabilities is significantly associated with a substantial reduction in the odds of being employed.

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List of Abbreviations

CBOs	Community Based Organizations
CDD	Center for Disability and Development
DPO	Disable People Organization
CRDP	Convention on Rights of People with disabilities
DPWA	Disabled Protection and Welfare Act
ICF	International Classification of Functioning, Disability and Health
INGOs	International Non-Governmental Organizations
NLSS	National living standard survey report
NGOs	Non-Governmental Organizations
NORAD	Norwegian Agency for Development
OECD	Organization for Economic Co-operation and Development
SINTEF	The Foundation for Scientific and Industrial Research at the Norwegian Institute of Technology
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
WHO	World Health Organization

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CHAPTER I

INTRODUCTION

Background

This study about the social inclusion of people with disability living in disability homes or centers is carried to know or to explore about the education, employment, social and political participation of particularly the physical disabled and blind people in Kathmandu.

Participation of people with disabilities in education, economic and politics is very low when compared to non-disabled. Health outcome is lower and many are poor as compared to people without disabilities. One major reason behind this is that people with disabilities experience hindrances in accessing services that many of us have long taken for granted, including health, education, employment and transport. These difficulties are exacerbated in less advantaged communities and increase the risk of social exclusion and poverty (WHO 2011).

Disability may lead to poor living condition and poverty through adverse effect on education, employment, health and income. On the other hand, poverty may increase the chance of being disabled through numerous pathways, many of which are associated to deprived health conditions and its determinants. Thus, disability increases vulnerability to poverty and poverty develops the situation that increases risk of becoming disabled. Stigma associated with a health condition may lead to activity limitations and restrictions in participation and it might be worsened by the stigma related with poverty (Mitra, Posarac, and Vick 2011).

Disability leads to poverty through a various number of exclusion processes, while poverty is a risk to daily life activities, social participation and health, and accordingly creates disabling conditions and disability. Disability is significantly associated with multi-dimensional poverty. This relation is real in case of low income countries. Endemic poverty creates negative condition that affect everyone while individuals with disabilities face additional challenges that puts them in a particular vulnerable situation that constitute barriers for inclusion and participation. Combating poverty in itself does however not eradicate disability and disabling conditions. Discriminatory practice, cultural beliefs, environmental barriers, lack of equitable basic services, etc, are all factors that need to be dealt with or address in poverty alleviation strategy in order to ensure that people with disabilities benefit in an equitable manner. Otherwise, individuals with disabilities will always remain in poverty (Eide and Ingstad 2013).

A recent review of the literature confirmed disproportionately many individuals and households with disability are below the poverty line. The poor people themselves view disability as a leading cause of poverty and describe people with disability as the most excluded and among the poorest of the poor. People with disability on average fare worse in relation to education, employment, health, access to development assistance and poverty relief, and in social well-being(Marriott and Gooding 2007).

Social protection is increasingly recognized by government and development agencies as an important strategy of poverty reduction and development. Social assistance, in the form of cash and in-kind transfers, is a key element in social protection strategies. People with disabilities are frequently recognized as one of the number of groups who could potentially benefit from this form of social assistance. However, there is lack of information and data about the use and impact of social assistance for poor, people with disabilities and their households in developing countries. There are indications that social assistance contributes to the household budget and encourages mobilization of people with disabilities. There are also evidence that people with disabilities often lack control over spending of the social assistance they receive. There is evidence that social assistance can improve access to health services and education services but the picture on education is more mixed. Social assistance help to improve health and economic

status of people with disabilities. However, evidence on the economic status of people with disabilities is less clear, particularly regarding employment (Marriott and Gooding 2007).

Social assistance extends its role to facilitate people with disabilities independence and empowerment. Social assistance should not be seen as creating dependency, but rather as a measure to overcome the barriers being faced by people with disabilities and thus equalizing opportunities. South Africa has one of the most substantive social security systems in the developing world, including a disability grant. It is accepted that the provision of cash transfers is an essential means to alleviate poverty, to meet those needs of people with disabilities, and to overcome barriers that many persons with disabilities face in maximizing their development and potential(Marriott and Gooding 2007).

The Situation of people with disability globally

The World Disability report (WHO 2011) stated that around 15% of global population or one billion people are living with various type of disabilities. The World Health Organization (WHO) argues that this figure will increase due to increasing population, advancement and development of new medical technology and treatment and ageing of society's .Out of the total number of disabled people almost 80% live in developing countries. Poor people women, and older people have a higher prevalence of disability than other groups. About 20% (1 in 5) of the poorest people with disability are living in developing countries. In 2005, UNICEF estimated that 150 million children below 18 years were living with a disability. Children with disabilities are less likely to go to school and have high rates of school dropout before completion of education and generally low achievement in schools as compared to non-disabled. Around 20 million women in the world become disabled each year because of complications related to pregnancy and childbirth .Only 41.7% of women with disabilities have accomplished their primary level education school as compared to 52.9% for non-disabled women (WHO 2011).

In developing countries,80 - 90% of persons with disabilities of working age are without a job, whereas in industrialized and developed countries the figure is between 50% and 70%(Gottlieb, Myhill, and Blanck 2010).In the European Union countries around 80 million have a disability

and 50% were employed. In Asia and Pacific regions there is an estimated 370 million persons with disabilities, 230 million are of working age group with more than 80% being unemployed(Perry 2007). In China, 83 million are living with different types of disability with more than 83% being unemployed (IDRM 2005)

Disability prevalence in low income countries

Official prevalence rates from developing countries have historically been on the low side. The Human Development Report published by the United Nations Development Program (UNDP) in 1997 depicted that the prevalence of disability in Zambia to be 1.6%. Among the black population in South Africa prevalence of disability (sight, hearing/speech, physical disability and mental disability) has been estimated to 5.1%. Two other studies from South Africa (coloured urban and black 66 rural communities) have reported prevalence rates of 4.4% and 4.75%. The national disability survey undertaken in South Africa in 1998/99 showed that disability prevalence rates varied between 3.1% and 8.9% among the selected South African provinces. The Malawian survey of living conditions among people with disabilities found disability prevalence in the country to be 4.2% (Eide and Loeb 2006). These figures are quite low as compared to the 15% estimate by WHO report (WHO 2011). This sort of variation and low disability prevalence rates is due to various factors, such as different conceptual frame works for defining and classifying the disability, different methodologies for data collection, different study designs and different tools or questionnaires used for data collection (Eide and Loeb 2006). The prevalence of disability is found to be lower in developing countries as compared to developed countries. The factors that lead to higher prevalence in richer countries are more elderly people, higher survival rates for people with disability conditions and other factors that operates in the opposite direction as for example poor health care, poor nutrition and unsafe living condition(Mont 2007).

In Zambia, among children of 5 years age or older, 24% of those with disabilities had never attended school, while the corresponding figure for non-disabled was 9%. However, there was no difference between two groups regarding school performance among those who accessed education. Among PWDs who had attended school, 80% had completed 9th grade (Eide and

Loeb 2006). About 55% of People with disabilities were unemployed compared the non-disabled sub-sample (42%). While unemployment was high, it was however shown that among the same group of economically active persons 15 – 65 years of age, 59% of PWDs had acquired some skills, the same as those without disabilities. However, mean monthly salaries, for those who provided that information, were lower among those with disability compared to those without disability (Eide and Loeb 2006).

In Namibia, among children of 5 years age or older, 38.6% of those with disabilities had never attended school, while the corresponding figure for non-disabled was 16.2%. Among those who had attended school, 23% of disabled had completed 8th-12th grade as their highest grade and for non-disabled the figure was 31%. As many as 90.7% people with disabilities were unemployed. Among those who were employed, the majority was involved in domestic work. As compared to non-disabled people, the mean monthly salary for disabled people was 30 percentage lower. The main cause of disability was illness, from birth or congenital and accident. Two thirds of disabled people had received the health services they needed. Less than 30% of disabled people had received vocation services, assistive devices, welfare service and education services (Eide, Van Rooy, and Loeb 2003).

In Malawi, 24% of children of 5 years of age with disabilities had never attended school while the corresponding figure for non-disabled was 18%. Among those who had attended school, 13% had completed Grade 1-4 as their highest grade and 14% among individuals without disability. Significantly more (about 58%) of people with disabilities were unemployed as compared to non-disabled (53%). Among people with disabilities 41% of those in productive age group had obtained some skills and training (Loeb and Eide 2004)

In Zimbabwe, among the children of 5 years age or older, 7.9% of people with disabilities had never attended school, while for non-disabled it was 10.1%. Among those who had attended school, 24.4% had completed Grade 8-12 as their highest grade and 32.3% for those without disability. A total of 90% of disabled people had received the health services that they needed. Less than 30% of disabled people reported that hotels, workplaces, banks, magistrate offices and

recreational activities were accessible and available Less than 30% of disabled people had access to the hotels, workplaces, banks, magistrate offices and recreational activities (Eide et al. 2003).

Concept and definition of disability

Historically, disability was defined in mythological or religious terms, e.g. as due to bad devils or spirits and often seen as a punishment for past wrong and bad doing. Although the literature on this issue is mixed such views are still present today in many traditional societies (CDD 2014).

Disability was previously often described on the basis of a medical model, in which disability was seen as the result of disease, injury, or other severe impairment for which the only remedy is medical treatment (Stobo, McGeary, and Barnes 2007). Later, the medical model of disability was challenged by emergence of the social model on disability. The social model view disability as the result of the interaction between people with impairment and their environment, such as availability or lack of education, employment and transportation facilities, attitudes and practices. This model focuses on the social barriers and discriminations that people with disabilities have to encounter in their daily life. Disability was redefined as a communal problem rather than an individual problem and eliminating barriers and social change, not just medical issues, became the target (John and Michael 2007).

Even at present the debate between a medical and a social approach to disability exists. The increasing penetration of a wider understanding of disability has however impacted both national and international policy levels. In 2006, the Convention on the Rights of Persons with Disabilities CDRP was adopted by the UN General Assembly, in effect representing the culmination of a process towards viewing disability as a human rights subject. The Convention is for endorsing, promoting, protecting and ensuring the full and equal gratification of all human rights and freedoms by all people with disabilities, and respect for their innate dignity. Some sectors that are covered by the convention are employment, health, education, rehabilitation and availability and accessibility of various services and facilities for the people with disability (CDD 2014).

In this study, disability is understood according to the International Classification of Functioning, Disability and Health (ICF) developed by WHO 2011. The ICF model integrates the medical model (disability as a medical issue) and the social model (disability as a social issue) of disability into a bio-psychosocial model of disability by recognizing that people are disabled both by their health condition, the environment, and the interaction between bodily functions, health, personal and environmental factors .“Disability is seen as an umbrella term for impairments, activity limitations, and participation restrictions” (WHO 2011).

According to the CRPD “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (NORAD 2012). Disability can be congenital and acquired due to accident or because of disease or due to effects of poverty (e.g. malnutrition, lack of medicine). Disability is a human reality that occurs in all ages from birth to old age (Prasad 2003).

Definition of social inclusion and social security

Social exclusion is a gradually developing phenomena of marginalization leading to economic deprivation and various forms of social and cultural disadvantage (Aryal Khanal 2007). Social exclusion also relates to the isolation of certain people within a society. It is often linked to a person's social class, educational status, living standards, and social status and how these will influence their access to various opportunities Social inclusion, its converse, is positive action to change the conditions and behavior that result in social exclusion. Social Inclusion is a line of attack to combat social exclusion but it is not making amends for past wrongs as in assenting action. It is the synchronized response to the various multifarious system of problems and issues that are known as social exclusion. (Wikipedia, 2007).

Social inclusion is defined as the provision of certain rights to all people and groups in society such as the right to employment, adequate housing, health care, education, training, right to vote, right to give opinions .It describes how a society include all of its citizens, addresses their differences, make sure that everyone’s basic needs are fulfilled, their rights are ensured and enables their full participation in that society. The concept of social inclusion considers whether

people have access to society's resources. This includes access to housing, essential goods, health and medical services and access to participate in employment, education, including continuing education, arts and cultural religious activities, choice of sports and leisure activities and decision-making groups(Westfall 2010).

For maintaining the standard of living of people with disability they should be involved in various sectors. These sectors can be education, employment, health care services and facilities, economic and political participation, environmental condition and housing, (Eide and Loeb 2006) .

Social security is support or benefits provided to individuals and households – through public and collective measures to maintain a minimum standard of living for vulnerable groups such as people with disability and to protect them from the various risks that reduce the living standards. Social security is not only meant as providing cash benefits but also focuses on plummeting the load on the household budget of providing the basic needs such as health needs, education, food, clothes, employment and house (Holzmann and Jørgensen 2001).

Like non-disabled people, people with disability also have a wide range of needs, interests and circumstances that contribute to their well-being and opportunities in life. The condition and needs of people with disabilities differ according to types of impairments and accessible of social, financial and physical environments. Disabled people have an equal right to social protection. This is stated in the Universal Declaration of Human Rights, and was already stated in the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities in 1993 (Rule 8) (Schulze 2010).

Situation of disability in Nepal

The Government of Nepal, in the Disabled Protection and Welfare Act (DPWA 2006), defined disability as “the condition of difficulty in carrying out daily activities normally and in taking part in social life due to problems in parts of the body and the physical system as well as obstacles created by physical, social and cultural environments, and by communication”. The

Government of Nepal further classified disability on the basis of nature and severity. According to the nature of the problem and difficulty in the parts of the body and in the physical system, disability was classified into the following seven categories:

Physical Disability- It is the problem that arises in operation, use and movement of physical part due to problems in nerves, muscles and composition and operation activities of bones and joints.

Disability related to vision - It is the condition due to problem in vision where the people have no knowledge about an object's figure, shape, form and color. This is of two types: blind and low vision.

Disability related to hearing: Problems arising in an individual related to discrimination of composition of the parts of hearing and voice, rise and fall of position, and level and quality of voice is a disability related to hearing. It is of two types: deaf and hard of hearing.

Deaf-Blind: An individual who is without both hearing and vision.

Disability related to voice and speech: Difficulty produced in parts related to voice and speech and difficulty in rise and fall of voice to speak, unclear speech, repetition of words and letters.

Mental Disability: The inability to behave in accordance with age and situation and delay in intellectual learning due to problems in performing intellectual activities like problems arising in the brain and mental parts and awareness, orientation, alertness, memory, language, and calculation. It is of three types: intellectual disability/mental retardation, mental illness and autism.

Multiple disability: Multiple disability is a problem of two or more than two types of disability mentioned above.

Based on severity disability is categorized as follows:

Complete disability- It is a condition where there is difficulty in carrying out daily activities even with the continuous assistance of others.

Severe disability-The condition of having to continuously rely on other people's assistance in order to carry out individual daily activities and to take part in social activities is acute (severe) disability.

Moderate disability-The condition of being able to perform daily activities by oneself with or without taking others' support, if the physical facilities are available, the physical barriers are removed and there are opportunities of training and education, is called moderate disability.

Mild disability -The situation where taking part in regular daily activities and social activities by oneself is possible if there is no social and environmental obstacle is ordinary (mild) disability.

In Nepal four types of disability identity cards of red (complete disability), blue (severe disability), yellow (moderate disability) and white colors (moderate disability) are entitled to people with disabilities to reflect these four type of disability.

The Disabled Protection and Welfare Act 2039 (1982): This is the first and foremost legislation regarding the rights of Nepalese citizens with disability. The legal provisions kept in national legislations are mentioned below:

Education

- No fees shall be charged to disabled students.
- Five percent of places in Government organizations providing vocational training should be reserved for disabled people.
- NGOs or private organizations that provide education and training for disabled people can ask for assistance from the Government. The Disability Relief Fund (established in 1981) can allocate scholarships to disabled students.

Health

- Disabled people are entitled to free medical examination.
- All hospitals with more than 50 beds should allocate two beds for the use of disabled people.
- There should be free treatment for disabled people over the age of 65.

Employment and Self-employment

- It is prohibited to discriminate against disabled people in relation to employment.
- Individual businesses employing more than 25 people should give 5 % of their jobs to disabled people.
- There should be income tax exemption for employers who employ disabled people.
- There should be no duties on specialist equipment required by disabled employees.
- Five percent of jobs in the Civil Service should be allocated to disabled people.

- The Act directs the Government to provide programs which support disabled people into self-employment.
- The Disability Relief Fund should allocate loans of between NPR 5000 and NPR 20000 in order for disabled people to establish themselves as self-employed.

Social Welfare

- The Act allows for disability allowance to be paid to disabled people, but this is a 'power' rather than a 'duty' and is qualified by a statement that this is subject to available resources.

Transport

- The Act allows for transport companies to allow disabled people to travel at half the regular fare but this can only be undertaken with the agreement of the particular company.

According to the National population and housing census of 2011, 1.94% of Nepal's total population are disabled which implies 0.51 million. Out of the total population of people with disability males account for 54.56% and females account for 45.44%. Physical disability constitute the largest group accounting for 36.33%, followed by visual impairments that accounts for 18% (Government of Nepal 2012). The National living standard survey report (NLSS 2011) has claimed prevalence to be 3.6%. However, both figures are quite low as compared to the 15% disability prevalence rate claimed by WHO and World Bank in the World Report on Disability (2011). The study and survey carried out by different governmental agencies, NGOs /INGOs and self-help organization have found various prevalence rate of disability that range from 0.48 to 8.99% (Eide, Neupane, and Hem 2016) .

These variations in prevalence rate may occur because of use of different conceptual framework for defining and classifying disability, different tools and techniques for data collection and different study designs. High illiteracy rate , poverty, difficulties to access health services, increasing old age people, 10 years of armed conflict and increasing accident rates may be some factors that can leads to increase in prevalence rate of disability (Eide, Neupane, and Hem 2016).

People with disabilities is one of the disadvantaged population groups who have to face additional barriers in accessing services and opportunities due to the restriction posed by their own disabilities, poverty, environmental factors and social stigma. Social inclusion is an important components of well-being for people with disabilities and a main constituent of the CRPD. But, social isolation of people with disabilities is high and their social interaction are only within family members and professionals (Maya Dhungana 2006).

In Nepal, less than 3% of people with disabilities have received any kind of rehabilitation services. More than 70% of people with disabilities have not had educational opportunities. Only few disabled people have opportunities to receive vocational training for employment and just 3% have received information about organizations of or for individuals with disabilities(Maya Dhungana 2006).

People with disabilities have equal rights and duties as any other individual. Rights of all people with disabilities to be involved in society have not been practiced in Nepal. In terms of accessibility and availability of health services, education, economy, and employment opportunities people with disabilities are in least priority. Still more people with disabilities have not got any kind of medical treatment and rehabilitation services. This could be due to lack of knowledge, information and awareness about the availability of treatment facilities for impairment .Other reasons may be that the family does not have the resources, or the health facilities do not function properly and staff does not know about disability. The participation of disabled person in skill training is also very low (Meena 2004).

The Government of Nepal has been providing different social security program, either in cash or in kind in the sector of health, education and employment in order to maintain and to improve the living standard of people with disability. Specific regulations, laws and a welfare act have been put in place to provide social security However only few have access to these assistance programs, one possible reason being weak implementation (NORAD 2012). For example, the educational system of Nepal Government does not adequately meet the learning needs of children with disabilities. The physical Infrastructure of school, the teaching– learning practices,

lack of trained and motivated human resources, and the lack of assistive devices do not support the learning of children with disabilities (UNICEF 2003).

Statement of problem

Persons with disabilities face continual inequalities that increase the risk of ending up in poverty. Thus, an inclusive growth and development approach is needed to counter this persistent inequality. Such inclusive approaches lead to increase the capabilities, opportunities, and incomes of groups which are consistently on the margins economically, socially and politically.

Many evidences show a vicious circle of low education and consecutive poverty among people with disabilities in developing countries (WHO 2011). Young people with disabilities are significantly less likely to enroll or go to school in comparison to people without disabilities and thus become disadvantaged and vulnerable. In developing countries, disability is linked with enduring poverty, because lack of school participation suggests they have less chance to get training for better jobs and higher income (Ibid. 2008). The figure below shows the relation between poverty and disability. Disability is both the cause and consequence of poverty. The relationship between poverty and disability is described as a vicious circle i.e., poverty leads to disability and disability leads to poverty.



Source: DFID, Poverty, Disability and Development, p.4.

In Nepal, although some progress has been done in respect to the inclusion of people with disabilities in different sectors, many individuals with disabilities do not have equal access and opportunities. Likewise, many people with disabilities are unaware of the welfare services and their social rights.

In the constitution of Nepal it is stated that people with disabilities are entitled to health services, social assistance, protection, social integration, and human right. Although there is a lot of legal provisions and social security programs for people with disabilities, the implementation of these laws and programs is very weak. (NORAD 2012). The DPWA was unable to cover the perspective of inclusive approaches and today's human rights standards. However this act secured some important rights for people with disabilities such as free education and healthcare, as well as employment opportunities. Unfortunately the act was not effectively implemented, and many people with disabilities in Nepal still do not have access to basic care, let alone opportunities for self-advancement.

The social security system is poor, disabled as well as economically marginalized people have not received sufficient and necessary social assistance. The strongest rights to social security

have become nothing more than unfulfilled promises. International non- governmental organization and Nepali non- governmental organizations are trying to help people with disabilities but they can hardly cover a small proportion of individuals with disability as they are urban centered. According to Sharma (2007), most of the services are situated in urban regions and PWDs living in rural areas get nothing.

The awareness and understanding of disability as a human rights and social inclusion issue is still limited. Mainstreaming of disability in general programs is very limited. There is lack of coordination among the different actors to address needs of the people with disabilities (NORAD 2012). The budget allocation of Government to address issues of people with disability is low and programs are scattered in different ministries and departments. Local government bodies also do not have enough fund to disburse the entitled benefits for people with disabilities (NORAD 2012).

A major chunk of the population of persons with disabilities is still invisible and segregated in the society due to stigma, discrimination and inaccessibility. Almost none of the developmental activities have reached out to persons living with complete and severe types of disabilities. NFDN and all the stakeholders engaged in promotion of disability rights have felt that the inadequacy of disability related data and information to describe the real situation of persons with disabilities ultimately has affected policy formulation and program planning on disability. The planning and budgeting of government and non-government agencies on disability issues also suffer due to the lack of data (Eide, Neupane, and Hem 2016). Therefore this present study can be useful to the concern authorities that are working for the welfare of the people with disability.

In Nepal, almost all the studies on disability were based on household survey. There is lack of institution based study on disability. None of the previous studies had provided information regarding the people with disabilities living in disabilities home. There is a need of such study or research to explore and know about the education and economic status, political and social participation of people with disabilities living in disabilities homes.

Research Objective

General objective

To explore the social inclusion of the people with disability living in disability homes.

Specific objectives

- To explore the extent of inclusion in education of people with disability.
- To find the status of social and cultural participation of people with disability.
- To find the status of economical inclusion of people with disability.
- To find the status of political inclusion of people with disability.

Research Question

How is social inclusion experienced by people with disability?

The first research question will help me to find about how people with physical disability and blind and visual impaired are included in the society. I will look through the social, political, educational, health and economical participation of people with disability.

CHAPTER II

LITERATURE REVIEW

Worldwide, numerous studies have been conducted on social inclusion and social security of disabled people. However, in the context of Nepal there have not been many research studies in this field. The articles, journal articles, reports, books, reports that are available on Pub med, Research Gate were used for the literature review. Google Scholar is the main source for this.

This chapter attempts to organize the findings from previous studies in four different sub heading in accordance with the specific research objective.

Education

In most countries, the education and training is provided to people with disability through special schools such as schools for the blind. The World Health Survey (WHO 2011) showed significantly lower rates of primary school completion and fewer mean years of education for children with disability. For all studied countries, the survey showed that 50.6% of males with disability have completed primary school, and 41.7% female completed primary school. The average year of education for male was 5.96 years and for female 4.98 years. Household survey in Malawi, Namibia, Zambia and Zimbabwe showed that between 24% and 39% of children with a disability had never attended school (WHO 2011).

A survey in India estimated that the enrolment of children with disability in school was five times less than the national rate. In Karnataka, almost one quarter of children with disabilities were out of school and more than half of children with disability were not enrolled in school in Madhya Pradesh and Assam, while the best-performing districts had enrolment rates for children with disabilities of 74% in urban areas or 66% in rural area. Even in Eastern Europe where there is high primary school enrolment, many children with disability did not attend school. In 2002, the enrolment rates of disabled children between the ages of 7 to 15 years were 81% in Bulgaria, 58% in the Republic of Moldova, and 59% in Romania (WHO 2011).

A study among people with disabilities in Greece found that 2.3% of the interviewees reported no form of education or partial attendance of primary school, 12.8% had finished primary school, 16.7% had completed the nine-year obligatory education, 35.6% graduated from high school or other secondary technical school, 10.1% post-secondary schools, 8% technological education institutes, 13% hold University degrees whilst 1.1% reported Master's degree or PhD. Only 14% reported having attended a special school for the disabled while 84.8% had not.

In Nepal, 68% of people with disabilities had no education (59.6% of male and 77.7% of females). The Flash I Report (B.S 2067) by the Ministry of Education shows that out of 60,348 children with disabilities; only 1.2% was enrolled in the primary and basic education and 1% in lower secondary education. There was lower enrolment and higher dropout rate among the people with disability as compared to non-disabled (NORAD 2012).

Even though education has positive effects on social and economic outcomes, people with disability in Nepal are often deprived of these benefits (Lamichhane 2012). A study by Lamichhane 2012 found that the average number of years of schooling of people with disabilities was 8.8 years. Participants with visual impairments had an average of 9 years, and those with physical impairments had the highest average of 10.9 years. A total of, 35.4% among people with disabilities received education in integrated schools. In contrast, 24.8% received their education from special schools. Out of all people with disabilities 9.8% obtained their education through mainstream schools. Additionally, the majority of participants with visual impairments 58.1%, hearing impairments 59.1% and physical impairments 55.8% had attended either integrated, special and mainstream schools respectively (Lamichhane 2013).

Among the total of people with disabilities, 2.7% had informal education and 20.9% gave up after completing five years of schooling. Almost 22% had stopped their education after eight years of schooling, 15.5% had completed only 10 years of schooling, 16.3% completed 12 years of schooling, and 17.7% completed 15 years of schooling and 4.9% completed 17 years of schooling. Out of the total respondents in the study who had visual impairments 4.1% had given up their education after five years. The number of students with visual impairments who did not continue to higher education after graduating from 10 years of schooling was also low i.e. 2.1%.

Among the physically impaired respondents, 4.3%, 4.6%, and 8.5% did not continue their education after five years, eight years, and 10 years, respectively (Lamichhane 2013).

Lack of support in school, financial problems, less number of special school for people with disabilities and refusal from institutions were the reasons for discontinue of education. Lack of support on the part of institutions was cited by 25.7% of all respondents. Of all people with disabilities, 40.2% mentioned financial difficulties as a factor contributing to dropout from school (Lamichhane 2013).

Among participants with visual impairments who had left their school before completing 10 years of formal schooling, 7.1% had encountered serious financial difficulties. The percentage is twice as high for participants with physical impairments, 14.9% of whom indicated that this had been a serious problem. Similarly, 22.4% of respondents left their school because of barriers such as difficulty in communication and school infrastructure being disability unfriendly and school locating far from home (Lamichhane 2013).

Another study conducted among female people with disabilities showed that 35% were illiterate. Similarly, 9% had received informal education. Among the female people with disabilities, 11.4% had passed lower secondary whereas 22.9% had completed their education up to secondary level, 14.3% had completed intermediate level and 2.9% were graduates (Aryal Khanal 2007).

Similarly in another study out of all female people with disabilities 50% were found to be illiterate. Among those who were literate 16% had completed primary level education ,16% had completed secondary level ,14% had completed their higher secondary education and 4% had obtained non-formal education(Sharma 2007b)

A study done by SINTEF showed that the percentage of school attendance and never attended school among disabled members aged 5 years old and above was 40.5% and 59.5% respectively. For people with disability aged 11 to 20 years, school attendance was 70%. Likewise, school attendance for people with disabilities of age group 21-30, 31-40 and 41-50 were 57.3%, 43.2%

and 30.9% respectively. Lack of money was a major reason for not attending school. More than 20% of people with disability stated their own disability as the reason for not attending school. Similarly, 16.7% of persons with disability stated illness as an attribute for non-attendance. Among persons with disability aged 10 years old and above, 42.1% were literate. Among the people with disabilities 50.9% of males and 29.8% of female had ever attended the school (Eide, Neupane, and Hem 2016).

The study done by SINTEF in Malawi showed that among disabled respondents who had attend school, most went to mainstream schools at each level of education (Eide and Loeb 2006). The study done by SINTEF in Zambia showed that 23.9% of people with disability had never attended school. Among males and females, 28% and 21% had never attended school. The main reason behind not attending the school was lack of money (Eide and Loeb 2006).

Employment

All over the world, people with disabilities are businessmen, self-employed workers, farmers and factory workers, doctors and teachers, assistant in different places, waiters, artists, and computer technicians. In many low-income and middle income countries data on employment are not systematically available or availability of data is limited. The survey in 2003 by International Labor Organization showed that employment rate for people with disabilities varies from lows of 12.4% in South Africa and 22.7% in Japan, to highs of 61.7% in Norway and 62.2 % in Switzerland. The World Health Survey results for 51 countries showed that 52.8% of males with disability and 19.6% of females with disability were employed. A study done by OECD in 27 countries showed that working-age persons with disabilities experienced significant labor market disadvantages and poorer labor market outcomes than working-age persons without disabilities. In India about 87% of people with disability were involved in the informal sector. A study in the United States showed that about 44% people with disabilities were involved in part time employment (WHO 2011).

While no accurate national statistics are available regarding the employment situation of people with disabilities in Nepal, what exists indicates that unemployment levels are high. The access to

state services such as education and employment is very limited, particularly for women (Maya Dhungana 2006). Rights to equal access to education, employment and health, which are some of the important indicators of socioeconomic status, have not been equally reflected in national legislation. Lamichhane further argued that due to the poor socioeconomic condition of this group, they are socially excluded and economically dependent, opposing any expectation of equal access (Lamichhane 2013).

Lamichhane revealed that people with hearing, physical or visual impairments are more involved in employment sector. People with physical impairments dominated the non-governmental organization (NGO) sector; people with hearing impairments were involved in restaurants and people with visual impairments in local schools. Individuals with visual impairments in the teaching profession was one of the most striking examples of this phenomenon, in particular since 40% of the respondents worked as teachers in local schools; that is, in schools which serve mainly students without disabilities. After political activism on the part of people with visual impairments, the government developed an employment quota system for people with disabilities in the teaching profession. Most of the visual impairment were involved in this teaching profession. Hearing impairments are involved in restaurants work. The private restaurants with the cooperation and support of organizations of people with hearing impairments promote this opportunities for hearing impairments. The study further found that apart from economic independence, employment has several benefits for people with disabilities in Nepal including increased self-reliance, gaining importance and respect in the family and society, and the discovery of new abilities. These are major changes, which have clearly positive effect for the quality of life of Nepalese people with disabilities (Lamichhane and Okubo 2014).

A study done in 2014 among the physical, visual and hearing impairments in Kathmandu valley showed that out of all people with disabilities 41.1% were employed full-time, 8.2% were employed part-time and 9.4% were self-employed. In total, 40.3% were unemployed and 0.8% of the participants were students. Among the unemployed participants, 76.4% were actively seeking work, and all respondents indicated that their unemployment was not voluntary. Examining job status by the type of disability, the full-time employment rate of visual, and physical impairments was 42.1% and 23.8%, respectively. Similarly, the unemployment rate of visual, and physical

impairment was 35.1%, and 52.3%, respectively. Comparing the employment status between female and male participants the study found that male participants were in a better position in terms of employment status. Males not only had a higher full-time employment rate (47.1% for males and 33.3% for females), but also a lower rate of unemployment compared with females (33.3% for males and 49.7% for females) (Lamichhane and Okubo 2014) .

Khanal (2007) found that among the blind respondents, only 10% were involved in income generating activities. Among physically disabled women 45% were involved in income generating activities. A total of 91 % of those income earning disabled women responded that their income was not enough for them to sustain their life. They depended on other sources such as borrowing and support from family to fulfill their basic need. Of the disabled women, 77% had information of disability allowance, while 80% of them had not received disability allowance from the Government though they approached the district office for it (Aryal Khanal 2007).

The study by SINTEF in Nepal showed that the proportion of self-employed was lesser among people with disability. Among the total unemployed people with disabilities, 24.0% were unemployed because of their health problem. Among the employed people with disabilities 36.4% were currently working and 20.7% had worked previously but left the work. Out of respondent who were currently working 41.7% were involved in labour market and self-employed. Among males and females, 47.5% and 24.3% were currently working. More people with disability had never been employed and 72% of disabled respondents had stopped working because of illness or disability (Eide, Neupane, and Hem 2016).

A study on Zambia showed that among the respondents, 28.4% were currently employed, 17.5% were working previously and 47.6 % were never employed. Among those who were not currently working but had been previously employed, 25% had left their employment because of their disability (Eide and Loeb 2006).

Among the respondents of age group between 15 to 65 years, 25.34% were currently employed, 15.2% were working previously and 57.2 % were never employed. Among those who were not currently working but had been previously employed, 27% had left their employment because of

their disability. Those who were employed they were involved in informal sector (Eide and Loeb 2006).

Education and Employment

A positive correlation between educational history and job status was also found in the study by Lamichanne, implying that increased education reduced chances for unemployment. Among those who were illiterate, the unemployment rate was significantly higher 63.8% and the full-time employment rate was low 4.8%. On the other hand, for those with a master's degree, the full-time and unemployment rates were the opposite of illiterate participants, with full-time employment at 61.1% and unemployment at 11.1% (Lamichhane 2012).

A study carried out in Turkey found that higher education and Braille literacy increase the chances of employment for people with visual impairments (Bengisu, Izbirak, and Mackieh 2008). Similarly, a study carried out in South Korea focusing on the employment of persons with visual impairments predicted that education (particularly higher education) greatly increases employment opportunities (Lee and Park 2008). Likewise, a study on the employment of persons with psychiatric disabilities in the USA indicated a low level of education as one of the factors contributing to the concentration of people with disabilities in nonstandard or low-paying jobs (Schur 2002). The case of Tamil Nadu in India, suggested that differences in education and labor market discrimination were the main factors accounting for the employment gap between men with and without disabilities (Mitra and Sambamoorthi 2008).

A study in Canada in 2011 showed that 9% of people with a severe or very severe disability had studied up to a university degree. The unemployment rate of persons with disabilities was 11%. A total of 55% were employed or seeking employment. A higher level of education was found to be associated with higher employment rate. Among those who were university graduates, the employment rate of those with moderate disability was 77% and for mild disability the employment rate was 78%. A minority of people (12%) with disabilities had been refused a job due to their condition over the last five years. However, these perceptions were found to vary by

age, sex and severity of the disability. Males with disabilities were slightly more prone to employment discrimination than females (14% and 11%, respectively) (Turcotte 2014). .

Youth aged 25 to 34 with disabilities had faced more discrimination, as compared to those with a severe or very severe disability. About 33% of persons aged 25 to 34 with a severe or very severe disability had been refused a job because of their condition. About 16% of those aged 45 to 54 with disabilities and 13% of those aged 55 to 64 with disabilities had been refused an employment due to their own disability. Among male PWDs aged between 25 to 34 years who were unemployed and had a severe or very severe disability, nearly two-thirds 62% had been refused a job in the last five years due to their disability. This was twice as high as women with the same characteristics, 33% (Turcotte 2014).

Social inclusion

Regarding the participation of female PWDs in social activities such as community festivals, rituals and celebrations in the neighborhood such as weddings and other gatherings, showed that the number of women with disabilities who never participated in social activities was 40% (Aryal Khanal 2007). About 30% of females with disabilities had participated only sometimes in social events. The remaining 30% of females had participated in most social functions. The research revealed that only 15 % of disabled women who were engaged in DPOs were in leading positions where they could exercise decision making power. The remaining 85% of women were just general members. This fact reveals that disabled women need to be politically empowered within the disability self-help organizations, so that they can efficiently take part in regular politics (Aryal Khanal 2007).

Similarly, participation in Community based organizations (CBOs) such as *mother's group* saving credit groups and other various user groups are important indicators of the empowerment of disabled women. The research showed that only 29% of disabled women are involved in such organizations. Among those organizations, most disabled women were involved in saving credit groups, and the majority of the saving credit groups were handled by PWDs themselves. The remaining 71% of female PWDs did not have any membership in community based organizations. Among the disabled women who were affiliated with CBOs, none held an

executive position. This shows that the inclusion of disabled women in decision making positions in CBOs is low (Aryal Khanal 2007).

The SINTEF study showed that 15% people with disability were not included in social events. Likewise 14.6% were not involved in family conversations and discussions and 19.2% were not consulted in decision making in the family. While combining the responses of people with disability, who said yes and sometimes 31.5% were involved in community meeting. Among those who were involved in community meeting, 76.8% had the opportunity to give their opinion in these meetings (Eide, Neupane, and Hem 2016).

Political Participation

In Nepal, (Khanal 2007) found that 40% of female PWDs had not yet received a disability identity card. Those women were not aware about the importance of the identity card. Those with card holders also found it difficult to get services such as free education and travel with concession despite the ownership of an identity card. A total of 92 % of female PWDs were not affiliated with any political parties. Among the 8 % of female PWDs who had party membership, none of them held a leading position. Among the female PWDs 40% were confident that they were on voter's list and 20% said that they were not listed. Another 15 % had not yet received citizenship certificate although the fact that the citizenship certificate is the right of citizens of any country. This problem was mostly common among disabled women in *Madhesi* community (Aryal Khanal 2007). The study by SINTEF showed that among PWDs who were above 21 years, 69% had cast their vote in last election (Eide, Neupane, and Hem 2016).

Study in south Asian countries

In a study done by Mitra, Posarac and Vickin (2011) in some south Asian countries, showed that in Bangladesh, 16.2% among working age people were disabled. Among People with disabilities who had attended school, 70 % had not even completed primary level education and 30% had completed primary level education. Among people with disability of working age, 65% were unemployed and 35% were employed. Among the employed, 88% were self-employed, 2% were

in public sectors and 10 % were involved in non-government work (Mitra, Posarac, and Vick 2011).

Similarly, the same study showed in Pakistan, 6% among working age people were disabled. Among the working age group, 74% of people with disability were females and 36% were males. Among people with disabilities who had attended school, 73 % had less than primary level education and 27% had completed primary level education. Among people with disability in working age, 71% were unemployed and 29% were employed. Among the employed, 71% were on self-employment, 3% were on government office and 23 % were involved in non-government work (Mitra, Posarac, and Vick 2011).

Study on disability in South American countries

Similarly in a study done by Mitra, Posarac and Vickin (2011) in some South American countries, showed that 13.5% among people in the working age groups in Brazil were disabled. Among the working age group 54% of people with disability were females and 46% were males. Among people with disabilities who had attended school, 43% had not completed primary level education and 57% had completed primary level education. Among people with disability of working age 52% were unemployed and 48 % were employed. Among the employed, 54% were self employed, 5% were on public sectors and 39% were involved on non-Government work (Mitra, Posarac, and Vick 2011).

Likewise, the same study in Mexico showed that among working age people, 5.3% were disabled. Among the working age group 63% of people with disability were females and 37% were males. Among People with disabilities who had attended school, 39% had not completed primary level education and 61% had completed primary level education. Among people with disability of working age, 61% were unemployed and 39 % were employed. Among the employed, 53% were self-employed, 18% were on public sectors and 28% were involved on non-government sector (Mitra, Posarac, and Vick 2011).

CHAPTER III

METHODS AND METHODOLOGY

Identification of variables

Only those variables were selected that helps to investigate the research question developed for this study. In order to explore the social inclusion of disable people, their participation in education, employment politics and social events were identified as the main outcome variables. This was based on theory and literature available on social inclusion (which is written in introduction and literature review).

Also the studies conducted previously on similar aspect indicated that the variables chosen were the most important to be able to respond to the research questions.

Variables

Independent variable - Age, Sex, Marital status, Education, Occupation and Social events

Dependent variable - Social inclusion (participation in education, employment and social events)

Research Design

A descriptive research design was used so that it would cover different aspects of social inclusion and social security programs for disabled people. Quantitative techniques were used to find out how economic, social, cultural, political and educational participation were experienced by people with disability.

Study area

The study sites were disability homes or centers of Kathmandu Valley, Nepal. Kathmandu valley includes three districts namely Kathmandu, Bhaktapur and Lalitpur. Kathmandu is the capital

city of Nepal and there are more disability centers than in other cities of Nepal. The main reasons to choose the disability centers as study sites was that in Nepal there is less study on disability people living in disability centre. Other reasons was that sample size for study can be obtained easily. These selected centers were privately owned. The main aims of all these centers are to provide skill development training and education to the disable people.

Study sample / participants

The subjects of this study were people with disability living in disability homes or centers of Kathmandu Valley. The study population comprised of both men and women above 16 year to 60 years of age. Information regarding the total number of people with disabilities were gathered from National Population Survey. The disability centers recruit those people who were identified as a disable and had a disability card that was provided by government as their identification. Specially, those people with disabilities who were single and did not have their own home and their family members to look after them were recruited in these selected disability home.

Study duration

The time period of research was from May 2015 to November 2016.

Sampling Method

The sampling technique was multistage cluster sampling. Out of total 28 disability homes, at first four disability home with both people with physical disability and blind were selected. The selection of centers was convenient sampling. Only those who had granted permission to conduct the study were chosen as study centers. Then probability proportionate sampling was conducted to assign the number of participant to be taken from each centre.

Sample size

The sample size of the survey was determined using the following formula:

$$\text{Population sample size (n)} = Z^2 * P * (1-P) / C^2$$

Where ,

Z= z value (degree of confidence level)

P= Percentage picking a choice (Prevalence)

C= Confidence interval, expressed as decimal

n= desired sample size

As the prevalence of people with disability living in disability home and centre is rare. For calculating the sample size a prevalence rate of 50% was used.

$$\begin{aligned}\text{Sample size (no)} &= \frac{z^2 pq}{d^2} \\ &= (1.96)^2 * 0.5 * 0.5 / (0.05)^2 \\ &= 384\end{aligned}$$

The total number of physical disabled and blind people of age group 16+ to below 60 years living in disability homes or centers were 263 and 206 respectively. Hence for finite population the sample size is calculated as

$$\text{Sample size (n)} = \frac{n_0}{1 + \frac{n_0 - 1}{\text{total population}}}$$

The total population of physical disabled people and blind people living in disability centres or homes in Kathmandu district are 263 and 206 respectively.

Hence, the total population is 469

$$\text{So, sample size (n)} = \frac{384}{1 + \frac{384 - 1}{469}}$$

$$= 211$$

The required sample size was 211 for the study.

Physical disabled (263)	$263 * 100 / 469 = 56\%$	56% of 211	118
Blind (206)	$206 * 100 / 469 = 44\%$	44% of 211	93

The required number of sample of physical disabled and blind people are 118 and 93 respectively.

For Physical disabled people

Name of disability centers		Number sample to be taken
Khagendra Navajivan (54)	$54/163*100=33\%$	33% of 118=39
Apang Sarokar Griha(22)	$22/163*100=14\%$	14% of 118=17
Disabled Newlife centre(28)	$28/163*100=17\%$	17% of 118=20
Technical and Skill Development of Blind and Physical disability centre(39)	$24/163*100=24\%$	24% of 118=28
Suvadra Foundation Nepal (20)	$20/163*100=12\%$	12% of 118=14
Total 163		118

Sample size for Blind

Name of disability home and centre		Number of respondent to be taken
Khagendra Navajeevna kendra (47)	$47/129*100=36\%$	36% of 93=33
Apang Sarokar Griha(20)	$20/129*100=16\%$	16% of 93=15
Disabled New life centre(18)	$18/129*100=14\%$	14% of 93=13
Technical and Skill Development of Blind and physical disability centre(28)	$28/129*100=22\%$	22% of 93=20

Suvadra Foundation Nepal (16)	$12/129*100=12\%$	13% of 93=12
Total 129		93

Inclusion criteria

People with physical disability and blind and visually impaired of age above 16 years and below 60 years were included.

Exclusion criteria

Those who were mentally ill and who could not respond to the question were excluded.

Tool of data collection

Semi Structured interview

Semi structured interviews were conducted with people with disabilities using a set of questionnaires developed and used by SINTEF in the national survey on living condition among individual with disabilities in Nepal 2014-2015 as source for developing the research tool (Eide, Neupane, and Hem 2016). Both open ended and close ended questions were included. The questions covered different aspects of educational, economic, social and political inclusion of disabled people. In addition, a screening form developed by Washington Group on Disability statistics was used to identify people with and without disability. The face to face questionnaire based interviews were done by myself and my research assistant (Eide, Neupane, and Hem 2016).

Pre-testing of questionnaires

The Nepali version of the questionnaires were pretested in the same areas of Kathmandu Valley. This was done to know whether the developed questionnaires were suitable. After that further discussion was done with supervisor. Minor modifications were done on the questionnaires based on the pre-test findings.

Disability screening in the context of the study

A screening form consisting of six criteria was used to identify the people with disabilities. Those people who meet at least one of the six criteria (i.e. answering at least "some problems" to any of the six questions) were considered as a PWDs. The six criteria included in the screening form were whether respondents had difficulty:

- seeing, even if wearing glasses
- hearing, even if using a hearing aid
- walking or climbing steps
- remembering, concentrating, or both
- with self-care such as washing all over or dressing
- using the usual (customary) language, communicating (understanding or being understood by others)

For all six questions the follow answers were possible: No difficulty (1), some difficulty (2), a lot of difficulty (3), cannot do at all (4)

Research assistant:

Two research assistants, one female and one male, were recruited to assist in the data collection. Alone, the data collection procedure would take a long time, which might have affected the timely completion of the thesis. As for the educational background of research assistant, they had completed bachelors in public health and had already worked as research assistants in research projects. Their previous involvement and experience in research made it comfortable to coordinate and trust them. Description of the study, purpose of the study and plan for the research process were discussed with the research assistant. Besides, working together since the very point of obtaining approval from disability centers and taking part in discussions about the study and questionnaires with manager of disability centers and so on, made them understand the study better.

Measurements

Outcome variable

The topic itself reveals that social inclusion is the main outcome variable of the study. Social inclusion was measured by asking different questions about their participation in education, health, politics, employments sectors and religious works

Independent Variables

Socio/demographic Factors

Socio-demographic factors as independent variables in this study included age, sex, marital status, education and occupation (current and previous). While the study aimed at persons aged 16 to 65 years old, the maximum age of the respondents was only 46 years old. So, age was grouped as follows: 16 to 26 (1), and 26-36 (2) and 36 to 46 (3) years old. Marital status was divided into married and unmarried. Unmarried included single, separated/divorced and widowed. Similarly, educational status is categorized as having access and not access to formal education. Literate included primary (1), secondary (2), higher secondary level (3), and university level (4). Occupation was categorized as employed (1) and unemployed (2). Employment was categorized under formal sectors, NGOs, INGOs, school, Government offices and informal sectors like agriculture. Coding for male (1) and Female (2) was used.

Data processing and analysis

The collected data were entered and analyzed using SPSS 22 software. First, the data was presented in the form of frequencies and distribution patterns, followed by univariate, bi-variate and then multivariate analyses.

Bi-variate regression analyses were performed to explain the relationship between dependent and all independent variables. Multivariable logistic regression models were then conducted. All those variables that were significantly related to social inclusion in the bi-variate analyses were entered into the multiple logistic regression analysis. Before putting only significant variables in multiple logistic regression analyses, those variables, which were insignificant were also entered in the final model, but there were no significant changes in the associations obtained. So, it was decided to include only significant variables in the final models given that the total sample size

was relatively low. Results of regression analyses are presented as odds ratio (OR), 95% confidence interval (CI) and p-values. The significance level was set to 0.05.

Ethical Consideration

While conducting research it is crucial to consider ethical issues from the beginning of the research project. It is very important to preserve the dignity and humanity of respondents. Research should evade causing harm, distress, anxiety, pain or any other negative feeling to the respondents (Oliver 2003).

Ethical clearance was applied and obtained from the Regional Ethical Committee in Norway. Approval was obtained from each of the sampled disability center or homes. The respondents were informed about the purpose and procedure of the study including the approximate duration of the interview. Informed verbal consent was taken prior to administration of the questionnaire. However, individuals with visual impairment were not in a position to read and sign the consent form. So, the consent form was read for them prior taking their consent. The name of the participants were not written in the questionnaire, in order to protect the anonymity of the respondents. All participants were told that they could stop the interview at any time and also that they could refuse to answer questions they were not comfortable answering. Ethical consideration was maintained carefully throughout the study period so that no one was harmed, no one suffered from emotional distress and privacy and confidentiality, which was a priority, was not violated.

CHAPTER IV

FINDINGS

Table 1: Socio-demographic characteristics of the respondents (N = 211)

	N	Percentage
Age		
16-26 years	106	50.2
26-36 years	69	32.7
36-46 years	36	17.1
Sex		
Male	102	48.3
Female	109	51.7
Marital Status		
Married	67	31.8
Unmarried/divorce/single	144	68.2
Education level		
Literate	150	71.1
Illiterate	61	28.9
Among the total literate respondents	150	
Primary school	27	18
Secondary level	32	21.3
Higher secondary level	57	38
University	34	22.7
(Among illiterate)Informal education	19	31.1
Occupation status		
Employed	138	65.4
Among total employed respondents		
i. Formal sectors	75	54.3
ii. Informal sectors	63	45.7
i. Full time	108	78
ii. Part time	30	22

Unemployed	73	34.6
Still working	62	44.9
Type of disability		
Physical disabled	118	55.9
Blind	93	44.1

Out of 211 participants, 48.3% were males while 51.7% were females. Among the respondents, 50.2% were of 16-26 age group. Out of all the participants, 71.1% were literate and 28.9% were illiterate. Among those who were literate 38% had completed their higher secondary level and only 6% had master level. The majority of the participants (65.4%) had got opportunity to work and 54.3% of them were employed in formal sectors like NGOs, INGOS, school and Government offices. Out of total employed people with disabilities 78% were involved in full time work.

Table 2. Education participation of respondents among who were literate (N=150)

	N	Percentage
Type of schooling		
In Pre- primary school		
- In Mainstream/regular school	103	68.7
-In Special school	47	31.3
In Primary school		
-In Mainstream/regular school	94	62.6
-In Special school	56	37.4
In Secondary school		
-In Mainstream /regular school	78	52.0
-In Special school	72	48.0
In Tertiary education N-91		
-In Mainstream/regular school	64	70.3

-In Special school	27	29.7
Refuse to get admission in school due to disability		
-Pre-primary	31	20.7
-Primary level	48	32.0
-Secondary level	50	33.3
-Special school(any level)	20	13.3
-University	1	0.7
Refuse to school because of finance(N- 211)		
Pre-primary	5	2.4
-Primary level	61	28.9
-Secondary level	97	46.0
-Special school(any level)	48	22.7
School Dropout (N-150)		
-Pre-primary	17	11.4
-Primary level	22	14.6
-Secondary level	12	8.0
-Special school(any level)	11	7.3
-Others who had not dropped out of the school	88	58.7

Out of the respondent who had studied or were literate, most had their schooling in mainstreaming/regular and special school during different level of education. Out of the total who were literate, 32% were refused at primary level, 33.3% at secondary level and only 0.7% had been refused to admit university level because of their disability. Similarly, out of all total respondents, the highest rate of refusal due to financial problems was found for secondary (46%) and primary levels (28.9%). Out of all literate respondents, 14.6% had dropped out of school during primary level.

Table 3. Barriers and behaviors of friends and teachers

	Yes		No	
	N	%	N	%
Physical and other barriers in school (N-150)	24	(16%)	126	(84%)
Good Behavior of teachers (N-150)	61	(40.6%)	89	(59.4%)
Good behavior of friends (N-211)	88	(41.7%)	123	(58.3%)

Out of all respondent who had attended school, only 16% had faced physical and other barriers in school, and 40.6% had experienced good behavior of teachers. Out of all respondents, 41.7% had experienced good behavior of friends toward them.

Table 4. Employment status of respondents who were employed (N=138)

	N	Percentage
Monthly income		
Average (25000NRs)	59	42.8
Low (less than 15000 NRs)	62	44.9
Very Low (Less than 10000NRs)	17	12.3
Problems at work place		
Bias (Discrimination)	22	16.0
No friendly environment	53	38.4
No invitation to parties	63	45.6
Reasons for being unemployed		
Disability	60	28.4
Lack of education qualification	39	18.5
Discrimination	38	18.0
Lack of organization to facilitate job	40	19.0

Lack of skill oriented training	34	16.1
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Among the total respondents who were employed, 44.9% had low salary and 12.3% had average salary. Out of all employed respondents 45.6% had experienced not being invited to any official gatherings.

Table 5. Political participation of respondents (N=211)

	Yes		No	
	N	%	N	%
Involvement in disability organization	173	(82%)	38	(18%)
Affiliated with INOGS	46	(21.8%)	165	(78.2%)
Affiliated with any political parties	64	(30.3%)	147	(69.7%)
Opinion in affiliated political parties (N-64)	24	(37.5%)	40	(62.5%)
Has a voter card	102	(48.3%)	109	(51.7%)
Vote in the last election	93	(44.1%)	118	(55.1%)
Unable to vote due to disability	41	(34.7%)	77	(65.3%)
Got the disability card	172	(81.5%)	39	(18.5%)

Out of 211 participants, 82.5% were involved in disability organizations. A total of 21.8% were involved with INOGS. Only 30.3% of the respondents were affiliated with political parties as leaders or general members. Among those who were affiliated with political parties, only 37.5% were given a chance to share their opinion in political meeting. Among the total respondents, 48.3% had their voter card. Out of all respondents, 44.1% had cast their vote in the last election. Among those who did not cast their vote, 34.7% said that this was due to their disability. A total of 81.5% of those who had not voted had got a disability card.

Table 6. Social inclusion of participants (N=211)

	Yes always		Never	
	N	%	N	%
Consulted in decision making	146	(69.2%)	65	(30.8%)
Included in community meeting	150	(71.1%)	61	(28.9%)
Volunteering activities	152	(72.0%)	59	(28.0%)
Participate in cultural programs	166	(78.6%)	45	(21.3%)
Travel to celebrate festival	150	(71.0%)	61	(28.9%)
Involve in recreational activities	167	(79.1%)	44	(20.9%)
Sport	122	(57.8%)	89	(42.2%)

Out of all participants, 69.2% were always consulted in decision making in the disability centers where they live. Likewise, 71.1% were always included in community meetings, 72% had always participated in voluntary work, 78.6% had always participated in cultural and 79.1% had always been involved in some recreational activities.

Table 7. Social security (N=211)

	Yes		No	
	N	%	N	%
Receiving Social grants	118	55.9%	93	44.1%
Travel discount and facility	120	56.9%	91	43.1%
Discount and facility in health services	120	56.9%	91	43.1%
Among those who receive grants (N-118)				
Disability Grants	100	84.7%	18	15.3%
Amount received as grants per month (N-118)				
Average (1500Nrs)	29	(24.6%)		
Low (1000Nrs)	34	(28.8%)		
Very Low (less than 1000Nrs)	55	(46.6%)		

Out of all respondents, 55.9% had received a social grant provided by the Government. Out of the participants who had received grant, 84.7% had got disability grants and 15.3% had not. Out of all, 56.9% of the participants had got discount and facility in transportation as well as in health service. Out of those, who receive disability grants 55% think that the amount provided to them was very low.

Bi-variate analysis

Table 8. Age and sex by formal education (N=211)

		Formal education		Total	p-value
		Yes	No		
Age group	16-26 (106)	63.2%	36.8%	100.0%	0.39
	26-36 (69)	79.7%	20.3%	100.0%	
	36-46 (36)	77.8%	22.2%	100.0%	
Sex	Male (102)	75.5%	24.5%	100%	0.17
	Female(109)	67%	33.0%	100%	

Among the people with disability in the 26-36 years age bracket, 79.7% had formal education. There is an insignificant relationship between age group and education (p-value 0.39). There was a small and insignificant difference between males and females in accessed formal education (p-value 0.17).

Table 9. Highest education level completed by age and sex (N=211)

		Highest education level completed				Total	P-Value
		Primary level	Secondary level	Higher secondary level	University level		
Age group	16-26 (106)	17.9%	35.4%	40.3%	6.4%	100.0%	0.21
	26-36 (69)	20.4%	28.2%	49.6%	1.8%	100.0%	
	36-46 (36)	31.4%	27.9%	31.4%	9.3%	100.0%	
Total	211	18.0%	21.3%	38.0%	22.7%	100.0%	
Sex	Male(102)	14.3%	25.0%	39.0%	21.7%	100.0%	0.002
	Female(109)	21.9%	30.1%	37.0%	11.0%	100.0%	

Among the age group of 16-26 years, 40.3% had completed higher secondary level. Similarly, for the age group 26-36 years, 43.6% had completed higher secondary level, and 31.4% in the 36-46 years age group had completed higher secondary level education. The relationship between age and education level is however insignificant (p-value 0.213). Among the people with disability, 14.3% of the males and 21.9 % of the females had studied only up to primary level. Further, 21.8% of the males but only 11 % of the females had studied up to university level (p-value 0.002).

Table 10. Education level and employment by age and sex.

	Are you Employed		Total	p-value
	yes	no		
Age group (N=211)				
16-26 (106)	68.9%	31.1%	100.0%	0.48
26-36 (69)	63.8%	36.2%	100.0%	
36-46 (36)	58.3%	41.7%	100.0%	
Sex(N=211)				
Male(102)	70.6%	29.4%	100%	0.12
Female(109)	60.9%	39.1%	100%	
Education level (N=150)				
Primary level (27)	22.8%	77.2%	100.0%	0.01
Secondary level (32)	37.5%	62.5%	100.0%	
Higher sec. level(57)	49.1%	50.9%	100.0%	
University level (34)	76.5%	23.5%	100.0%	

Among people with disability in the age group 16-26 years, nearly 70 % were employed. There is an insignificant relationship between age and employment (p-value 0.48). Among the respondents, 70.6% of the males and 60.9% of the females were employed. This difference was however not significant among those who completed primary level, 22.8% had employment

while among those who had secondary level education 37.5% were employed. Among those who had higher secondary and university level education, 49.1% and 76.5 % respectively were employed.

Table 11. Employment status by type of disability, sex and employment status (N=211)

		Employment status		Total	P-value
		Full time	Part Time		
Disability type	Physical(118)	95.0%	5.0%	100.0%	0.00
	Blind (93)	65.8%	34.2%	100.0%	
Sex	Male (102)	90.3%	9.7%	100.0%	0.00
	Female(109)	65.7%	34.3%	100.0%	

More physically disabled than blind respondents were engaged in full time work. Significantly more males than females were employed

Table 12. Employment sector by gender (N=211)

		Employment sector		Total	P-value
		Formal sector	Informal		
Sex	Male	75.0%	25.0%	100.0%	.000
	Female	32.8%	67.2%	100.0%	
Total		54.7%	45.3%	100.0%	

Among the employed persons with disabilities, 75% of the males and 32.8% of the females were involved in the formal sector ($p < .001$).

Table 13. Involvement in occupation by type of disability (N=211)

	Any occupation		Total	P-value
	yes	no		
Disability type Physical(118)	63.4%	36.6%	100.0%	0.34
Blind (93)	66.9%	33.1%	100.0%	
Total 211	65.4%	34.6%	100.0%	

There is an insignificant relationship between type of disability and involvement in occupation. Blind individuals were more often involved in any occupation than the physically

Table 14. Currently working by age and gender (N=211)

	Currently working			Total	P-Value
	Yes	No, but previously employed	No, never employed		
Age group 16-26 (106)	26.4%	42.5%	31.1%	100.0%	0.26
26-36 (69)	30.4%	33.3%	36.2%	100.0%	
36-46 (36)	38.9%	22.2%	38.9%	100.0%	
Total 211	29.9%	36.0%	34.1%	100.0%	
Sex Male (102)	49.0%	21.6%	29.4%	100.0%	0.00
Female(109)	11.9%	49.5%	38.5%	100.0%	

Although the difference in work status between age groups was not statistically significant, more respondents of the age group 36-46 years reported to be currently working. Significantly more males than females were currently working.

Table 15. Involvement in political parties by sex and age (N=211)

		Affiliated with any political organization		Total	p-value
		yes	No		
Sex	Male	47.1%	52.9%	100.0%	0.000
	Female	14.7%	85.3%	100.0%	
Total	211	30.3%	69.7%	100.0%	
Age group	16-26 (106)	26.4%	73.6%	100.0%	0.23
	26-36(69)	30.4%	69.6%	100.0%	
	36-46(36)	41.7%	58.3%	100.0%	
Total	211	30.3%	69.7%	100.0%	

The involvement of males with disability in political parties was significantly higher than among females (p-value < .001). There was however no significant relationship between age and involvement in political parties (p-value 0.23).

Table 16. Giving opinion in political parties by age and sex (N=211)

		Giving opinion in political party		Total	p-value
		Yes	No		
Age group	16-26 (106)	23.6%	76.4%	100.0%	0.34
	26-36(69)	27.5%	72.5%	100.0%	
	36-46(36)	36.1%	63.9%	100.0%	
Total	211	27.0%	73.0%	100.0%	
Sex	Male	41.2%	58.8%	100.0%	0.00
	Female	13.8%	86.2%	100.0%	
Total	211	27.0%	73.0%	100%	

Table 15 shows a tendency that giving ones opinion in political parties is increasing with increasing age of respondents, although this difference is not statistically significant. More males with disability got a chance to give their opinion in political parties as compared to females (p-value < .001).

Table 17. Voted in last election by age and sex (N=211)

		Voted in last election		Total	P-Value
		yes	no		
Age group	16-26 (106)	39.6%	60.4%	100.0%	0.35
	26-36(69)	50.7%	49.3%	100.0%	
	36-46(36)	44.4%	55.6%	100.0%	
Total	211	44.1%	55.9%	100.0%	
Sex	Male (102)	62.7%	37.3%	100.0%	0.00
	Female(109)	26.6%	73.4%	100.0%	
Total	211	44.1%	55.9%	100.0%	

More respondents in the age group 26-36 years voted in the last election as compared to the others age group, although the difference was not statistically significant. More males than females reported that they had voted (p-value < .001).

Table 18. Involvement indecision making by age and sex (N=211)

		Involvement in decision making		Total	p-value
		Yes	No		
Age group	16-26 (106)	65.1%	34.9%	100.0%	0.24
	26-36(69)	76.8%	23.2%	100.0%	
	36-46(36)	66.7%	33.3%	100.0%	
Total	211	69.2%	30.8%	100.0%	
Sex	Male (102)	74.5%	25.5%	100.0%	0.10
	Female(109)	64.2%	35.8%	100.0%	
Total	211	69.2%	30.8%	100.0%	

Among all respondents, more respondents in the 26-36 year age group were involved in decision making than other groups, although this difference was not statistically significant. Although more males than females reported that they had got a chance to be involved in decision making at the institution where they live, the difference between males and females was not statistically significant (p-value 0.10).

Table 19. Involvement in community meetings by age and sex (N=211)

		Involvement in Community meeting		Total	P-Value
		Yes	No		
Age group	16-26 (106)	64.2%	35.8%	100.0%	0.57
	26-36(69)	75.4%	24.6%	100.0%	
	36-46(36)	83.3%	16.7%	100.0%	
Total	211	71.1%	28.9%	100.0%	
Sex	Male	81.4%	18.6%	100.0%	0.00
	Female	61.5%	38.5%	100.0%	
Total	211	71.1%	28.9%	100.0%	

The difference between age groups in involvement in community meetings was not statistically significant, although somewhat higher in the 36-46 years age group. Involvement in community meetings does not differ significantly between age groups although the table shows a tendency towards increased involvement with increasing age. More males than females reported to be involved in community meetings (p-value < .001).

Table 20. Involvement in social gatherings by age and sex (N=211)

		Involvement in Social gathering		Total	P-value
		Yes	No		
Age group	16-26 (106)	77.4%	22.6%	100.0%	0.48
	26-36(69)	76.8%	23.2%	100.0%	
	36-46 (36)	86.1%	13.9%	100.0%	
Total	211	78.7%	21.3%	100.0%	
Sex	Male(102)	88.2%	11.8%	100.0%	0.00
	Female(109)	69.7%	30.3%	100.0%	
Total	211	78.7%	21.3%	100.0%	

Involvement in social gatherings was high in all three age groups and with the oldest age group scoring higher than the other groups. The difference between the age groups was not statistically significant (p-value 0.48). Among the PWDs, more males than females were involve in social events and gatherings (p < .001).

Multiple logistic regressions

Univariate regression analyses were performed to explain the relationship between dependents and all independent variables. In the final analyses, all those variables that were significantly related to social inclusion in the univariate analyses were included in the regressions. Before including only significant variables in the multiple logistic regression analysis, those variables, which were insignificant were also entered in final model, but there was no significant change in the associations obtained. So, it was decided to include only significant variables in final model given that the total sample size was relatively low. Results of regression analyses are presented as odds ratio (OR), 95% confidence interval (CI) and p-values. The significance level was set to 0.05.

Table 21. Univariate logistic regressions of sex, age, education level, employment and type of disability on political participation (N =211)

Note- Sex (male = 1, female = 2) Education level (primary =1, secondary =2, higher secondary=3, University level =4), Employment (Yes=1, No=2) Type of disability (physical =1, blind =2), Age (16-26=1, 26-36=2 36-46=3)

Reference group. Male, University level, Employed, Blind and age group 36-46 years.

Variables	Involvement in disability organization		Involvement in Political parties		Giving opinion in political parties		Casting vote in last election	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Sex	0.66	0.32 -1.37	5.16	2.67-9.97	4.38	2.23-8.59	4.64	2.59-8.30
Age 16-26	0.95	0.34 -2.64	1.99	0.90-4.38	1.81	0.81-4.13	1.21	0.56-2.60
Age 26-36	1.27	0.44 -3.45	1.63	0.70-3.77	1.48	0.63-3.51	0.77	0.34-1.70
Primary level	0.87	0.24 -3.14	3.66	1.2-10.60	3.61	1.21-10.8	11.02	3.3-35.40
Secondary level	0.71	0.20- 2.53	12.83	3.6-45.3	8.86	2.54-30.86	13.77	4.2-44.8
Higher secondary	1.50	0.54- 4.14	2.71	1.12-6.53	2.17	0.91-5.15	3.72	1.39-9.92
Employment	0.07	1.48-6.37	1.70	0.89-3.24	1.69	0.86-3.31	2.04	1.13-3.68
Type of disability	0.38	0.18-0.80	1.54	0.85-2.78	1.08	0.59-2.00	1.59	0.92-2.77

Table 21 shows that the involvement in political parties, giving opinion in political parties and voting are all predicted by sex and level of education in the bivariate analyses. Being female increased odds for involving in political parties. However, having a secondary level education was particularly strongly associated with being involved politically, as compared to all other levels of education. Involvement in DPOs was however predicted only by employment status. Thus, chances for someone who is unemployed to be involved in DPOs is less than among those who are employed.

Table 22. Multivariate logistic regression of sex, age, education level, employment and type of disability on political inclusion (N=211)

Variables	Involvement in Disability organization		Involvement in Political parties		Giving opinion in political parties		Casting vote in last election	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Sex	0.37	0.15-0.91	0.19	0.43-0.90	4.05	1.83-8.98	7.76	3.48-17.28
Age 16-26	1.18	0.37-3.73						
Age 26-36	0.93	0.28 -3.04						
Primary level	1.08	0.27-4.18	2.38	0.74-7.46	2.45	0.77-7.81	8.31	2.23-30.97
Secondary level	0.61	0.15-2.52	8.02	2.13-30.21	5.55	1.51-20.41	8.60	2.35-31.40
Higher secondary	1.46	0.48-4.37	2.05	0.80-5.28	1.66	0.91-5.15	2.81	0.95-8.33
Employment	3.37	1.38-8.18						

In the multivariate regression (Table 22) there is a significant relationship between sex, employment and affiliation with any disability organization. In the full model, odds for females being involved in a DPO is reduced as compared to the univariate regressions. Both these associations are statistically significant and show that females are less involved with DPOs than males. However, chances for someone who is unemployed to be involved in DPOs is higher than among those who are employed.

Odds for not being involved in political parties is reduced for females (OR = 0.19). However, among those who are involved, more females than males reported that they are able to give their opinion at meetings in political parties (OR = 4.05) and odds for having voted in the last election is also higher for females (OR = 7.76). While level of education is not associated with involvement in disability organizations but there are positive association between secondary level education and voting in last election. It is in particular secondary education as highest level that increases odds for being politically involved.

Table 23. Univariate logistic regression of sex, age, education level, employment and type of disability on social inclusion (N =211)

Variables	Involvement in Decision making		Involvement in community meeting		Involvement in volunteering work	
	OR	95%CI	OR	95% CI	OR	95% CI
Sex	1.62	0.90-2.94	2.73	1.45-5.14	2.81	1.48-5.33
Age 16-26	1.07	0.48-2.38	2.79	1.06-7.31	1.95	0.77-4.91
Age 26-36	0.60	0.24-1.47	1.63	0.58-4.59	1.46	0.54-3.91
Primary level	27.20	5.33-138.56	16.50	1.93-140.84	8.07	2.22-29.27
Secondary level	4.48	0.85-23.47	25.66	3.11-211.38	5.83	1.66-20.47
Higher secondary	0.88	0.14-5.60	3.88	0.44-33.72	0.88	0.23-3.38
Employment	0.40	0.20-0.79	0.64	0.33-1.24	0.55	0.28-1.08
Type of disability	1.39	0.76-2.53	0.90	0.49-1.63	0.82	0.45-1.51

Involvement in decision making was predicted by employment status and primary level of education. Thus, chances for someone who is unemployed to be involved in decision making is less compared to someone who is employed. However, for those with primary education chances to be involved in decision making is higher as compared to reference group i.e. university level. Involvement in community meeting and volunteering work are all predicted only by sex and education level. Being females and having secondary level education both increased odds of being involved in community meeting and volunteering work as compared to males and university level education.

Table 24. Multivariate Logistic regression of sex, age, education level, employment and type of disability on social inclusion (N =211)

Variables	Involvement in Decision making		Involvement in community meeting		Involvement in volunteering work	
	OR	95% CI	OR	95% CI	OR	95% CI
Sex			3.15	1.15-8.58	2.75	1.14-6.83
Age 16-26			4.99	0.96-25.98		
Age 26-36			3.26	0.59-18.06		
Primary level	7.19	5.33-138.52	10.37	1.14-93.93	6.07	1.81-22.84
Secondary level	4.55	0.82-25.12	14.32	1.64-124.72	3.88	1.04-14.48
Higher secondary	0.90	0.13 -5.80	2.36	0.26-21.53	0.67	0.17-2.69
Employment	0.95	0.33-2.76				

In the full model, the odds of being involved in a decision making for unemployed respondents was increased as compared to the univariate regressions. There is a significant relationship between respondents with primary level of education and their involvement in decision making, community meeting and volunteering work. However, the odds of being involved of those with primary level education in decision making, community meeting and volunteering work is decreased as compared to the univariate regressions. There is positive association between secondary level education with involvement in community meeting and volunteering work.

Summary of results

More than 70% of people with disabilities were literate. However, gender difference was found in education inclusion. Lack of financial support and their own disability were the main reasons for people with disability for not being involved at university level education. The involvement of people with disability in employment was also good. More than 65% were employed and were involved in formal sectors. Among those who had higher education, inclusion in employment was high. Their own disability was the main reasons that hinder unemployed disable people to involve in employment. While there is a small and insignificant relation between sex and involvement in employment, involvement of males was more in full time and formal sector as compared to females. This may be due gender difference in the education level. More males had studied up to higher education and university level than the females.

The bivariate analysis showed that the involvement of male in all indicators of political inclusion as well as in social inclusion is higher than female. However, the multivariate logistic regression, depicted that for females the odds of being involved in political parties, opinions giving in political meeting, involvement in community meeting and volunteering work is more as compared to males. However, their involvement in disability organization was less as compared to that of males.

CHAPTER V

DISCUSSION AND CONCLUSION

Discussion

The purpose of this study was to explore social inclusion of people with disabilities (PWDs) living in disability homes or centers and their participation in education, political work, employment and social participation.

Education

The finding in this study of a high proportion of people with disability being educated contradicts with the findings of most studies conducted in Nepal which showed that the majority of the people with disabilities were illiterate (UNICEF 2007, NORAD 2012). This may be of course because of the sample of individuals with disability in this study is not representative for all individuals with disability in Nepal. The study was solely conducted at disability institutions in the capital city where the majority of education institution facilities for PWDs are available. Gender differences in education level as depicted by this study however corresponds to results from the other studies (UNICEF 2007, NORAD 2007, SINTEF 2016, Khanal 2007). Secondary level education is the highest level of education attained by most people with disabilities in Nepal (Sharma, 2007).

Like the others studies, this study showed that among those who were educated most of the people with disabilities had attended mainstream school and/or special school. In Nepal, most of the special schools for individuals with disability are for the blind (Lamichanne, 2012). People with disabilities in Nepal face various barriers to education. (Lamichanne, 2012). This study showed that their own disability and lack of financial support were the main reasons that hinders access to education as well as continuation of education

Employment

Participation of people with disabilities in employment is not only an issue related to income, but also a sense of belonging to the community, bringing a contribution to community, and to the individual's social status. The European Union in their disability approach considers that barriers people with disabilities face are a significant obstruction to participation in society and that accessibility and mobility issues ought to be seen in the light of equal opportunities and the right to participate. Many studies have shown that educational achievement have a positive effect on employment and inclusion in the labour market, in particular for the disabled group. A lack of success in the educational system resulted in a permanent weak inclusion in the labour market. . The disability itself is a main barrier for participation of people with disabilities in employment.

This study showed that the majority of the participants had got the opportunity to work. Most were employed in formal sectors like NGOs, INGOS, School and Government offices. For both types of disabilities that were included, the study showed high level of involvement in employment. This may also be due to education. This concurs with other studies for instance among visually impaired in Turkey (Bengisu et al. 2008) and in South Korea (Lee & Park 2008).

Inclusion of people with disabilities in education creates higher chance to get employment. Like this study, many others studies (Lamichanne 2012 and Candana 2011) has shown positive correlations between educational history and job status which illustrate that more educated participants were less likely to be unemployed. Comparing the employment status between females and males found that male participants were in a better position in terms of employment status. Males not only had a higher full-time employment rate but also a lower rate of unemployment compared with females. Similar result was found by Lamichhane (2012) in a previous study in Nepal.

Social inclusion

Decision making, involvement in community meeting and voluntary activities are main indicators of social inclusion. Education level and employment of the people with disabilities play a key role in decision making. Many studies have shown that those who were educated and become economically independent increase their chance of involvement in decision making, social events, voluntary activities and meetings. This was found in the bivariate analysis of this

study as well. However, in the multi variate regression analysis it was found that unemployment and lower level was education was the strongest predictor for taking part in decision making.

This may be due to the effect of adding others variables like education and employment in the final model. The significant difference in attainment of university level education was found between male and female. Similarly, a significant relationship was found between level of education attainment and involvement in employment. So, considering this aspect, we can assume that males with higher level of education were more in employment and because of which they might not have involved themselves in community meeting and volunteering works.

Political participation

Political inclusion is a one of the key aspect for empowerment of people with disabilities. In Nepal, many issues and rights of people with disabilities need to be addressed. The involvement of people with disabilities in political parties help to know the actual needs of people with disabilities. Political participation provides a platform for people with disabilities to influence their agenda and also the political party is the place where their voice will be heard and taken forward for implementation through planning, policies and actions.

It is found that education level of people with disabilities is as an important factor for involvement in political parties, putting forward their opinion and casting vote in election. However, employed people were likely to be more involved in disability organization. Although, female were less involved in political parties but they were found to be involved more in giving their opinion and casting vote in election.

Persons with disabilities are challenged with regular discrimination and other barriers in education, employment and socially. This situation increases the risk of individuals with disabilities and their families to be socially excluded, to face financial problems as well as isolation. Exclusion of people with disabilities further reduces their quality of life. They tend to be marginalized, even stigmatized, and feel isolated from many parts of social and public policy as well as the labor market. Many studies have shown that people with disabilities have less

access to education, employment and social context. To combat this situation there should be equal and equitable inclusion of people with disabilities in various sectors. Social inclusion and improved access to education, employment and other basic services enhance their standard of living. Social inclusion imply empowerment and is advantageous to society by contributing to the alleviation of poverty. (socialwork.une.edu/resources/infographics/the-importance-of-social-inclusion)

Social inclusion enables people with disabilities to contribute to society, overcome social exclusion, combat poverty, unemployment, and poor access to healthcare and enhance community safety and protect against abuse. Social inclusion can decrease negative attitudes, discrimination and stigma against people disabilities (Simplican et.al. 2015).

Strength and limitation

In case of Nepal this study on social inclusion of people with disabilities is rare. The study sets a base for further research to be conducted in the field of social inclusion of people with disabilities in the country. Results of this study can be used by the Government of Nepal and disability organizations for making policies and action plans to promote social inclusion of people with disabilities. The study offers an opportunity for encouraging advocacy, for setting priorities, for assessing impact and developing policies, for monitoring the situation, and for increased knowledge among disabled and the public in general. It is a cross sectional study, so it limits the inference about direction of association between dependent and independent variables. The causality between the measured factors cannot be predicted via this study. Secondly, the assessment of all variables in this study is via self-report, so there is chance of information or recall bias. The study excluded several categories of disability. The respondents of this study was only the people with physical disability and blind and visually impaired who were living in the disability homes and centers. So, it is not possible to generalize for a larger population.

Also, in this study, some important findings in line with female being more involved in casting vote in election and giving their opinion in political parties was found. Since, not any prior research have found this kind of relationship, so it is not possible to argue this finding in terms of explaining the main factors behind this relationship.

Conclusion

The findings of this study serve to assess the impact of education, employment, gender and age on key outcome variables. Most of the findings complement the evidence from previous research about the impact of age, education and gender on the probability of being employed, and on social participation. Perhaps the single most important finding is that lower education level of people with disabilities is significantly associated with a substantial reduction in the odds of being employed. The discrepancy observed between gender, education level and employment is aligned with other similar research in Nepal depicts that there exist a gender gap among the people with disabilities. This poses a major challenge for policy makers in relation to tackling the many-faceted barriers to obtaining and maintaining social inclusion and participation among people with disabilities.

Future studies could aim at testing the associations between various factors and social inclusion using a longitudinal design. Future studies can explore the social inclusion of people with disabilities in different areas of the country, including rural and urban area. Also, future studies can explore the social inclusion of all type of disabilities. Social inclusion is a complex and broad concept with multiple elements, settings in which it occurs, and influential factors. To understand the social inclusion of people with disabilities with greater depth, further research should explore not only the education, employment and politics, but each element of social inclusion individually and focus on others factors that limit and enhance social inclusion. Also, some of the interesting result found by this study in terms of female involvement in giving opinion in political parties and casting vote in election needs to be explore.

The present study showed that education level of people with disabilities has significant relationship with different elements of social inclusion. Thus, an inclusive education system should be implemented to cut down the barriers that creates obstacles for people with disabilities to be included in various sectors.

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ANNEX

Inform consent form

Namaste I am Bipin Adhikari, studying Master in International Social Welfare and Health Policy in Norway .I am doing research on **Social Inclusion of people with disability living in disability centre in Kathmandu, Nepal**. This research is being conducted for master's thesis.

I would like to ask you some question regarding your education, employment, political and social participation .The questions may take about 10 minutes. All the information you provide will be confidential and not shared with anyone. No part of interview will be recorded. Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate all the services you receive at this Centre will continue and nothing will change. If you participate also then you can stop the interview at any time. Also, you can refuse to answer questions that you feel not comfortable to answer. If you have questions later, you can ask them to me or to another researcher.

Do you like to participate?

- a. Yes b. No

Questionnaire

Demographic

1.Age	
2.Gender	Male.....1 Female.....2
3.Marital Status	Married.....1 Unmarried.....2 Widows.....3 Widower.....4
4.Name of District	
5.Name of Institution	

6.	The next questions ask about difficulties you may have doing certain activities because of a health problem:					
		No	Some	A lot	Unable	
	1	Do you have difficulty seeing, even if wearing glasses?	1	2	3	4
	2	Do you have difficulty hearing, even if using a hearing aid?	1	2	3	4
	3	Do you have difficulty walking or climbing steps?	1	2	3	4
	4	Do you have difficulty remembering or concentrating?	1	2	3	4
	5	Do you have difficulty with self-care such as washing all over or dressing?	1	2	3	4

6	Using your usual (customary) language, do you have difficulty communicating for example understanding or being understood?	1	2	3	4
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7.	What is the main cause of your difficulties doing the activities (disability)? (Single Response)	From birth/congenital.....1 Disease after birth2 Accidents.....3 Violence4 Others(specify.....5	
8.	How old were you when it started?		

Education

1	Have you attended any school, college and university?	Yes.....1 No.....2 Do not know.....8	→ 2, 3 →10
2	How many years in total did you spend in school, college and university?		

3	What is the highest level of education completed?	Primary education.....1 Secondary school.....2 High school.....3 Vocational school.....4 Bachelor level.....5				
5	What type of school do or did you <i>mainly</i> attend in pre-school, primary, secondary or tertiary school? <i>[Do not read out; Circle only one answer for each line]</i>					
		Mainstre am/ Regular school	Special school	Special class in mainstre am/ regular school	Did not go to school or N/A	
1	Pre-school/early childhood development services	1	2	3	4	
2	Primary school	1	2	3	4	
3	Secondary school	1	2	3	4	
4	Tertiary education	1	2	3	4	
6	Have you ever been refused entry into a school, pre-school or university because of your disability? <i>[Circle only one answer for each line]</i>					
		Yes	No	Not applicable		

	1	Regular pre-school	1	2	9
	2	Regular primary school	1	2	9
	3	Regular secondary school	1	2	9
	4	Special school (any level)	1	2	9
	5	Special class (remedial)	1	2	9
	6	University	1	2	9
7	Have you ever been refused entry into a school, pre-school or university because of lack of money?				
	<i>[Circle only one answer for each line]</i>				
			Yes	No	Not applicable
	1	Regular pre-school	1	2	9
	2	Regular primary school	1	2	9
	3	Regular secondary school	1	2	9
	4	Special school (any level)	1	2	9
	5	Special class (remedial)	1	2	9
	6	University	1	2	9
8	Did you drop out from a school, pre-school or university any time in the past?				
	<i>[Circle only one answer for each line]</i>				
			Yes	No	Not applicable
	1	Regular pre-school	1	2	9
	2	Regular primary school	1	2	9
	3	Regular secondary school	1	2	9
	4	Special school (any level)	1	2	9
	5	Special class (remedial)	1	2	9
	6	University	1	2	9

9	Did you study as far as you planned? <i>[Do not read out; Circle only one answer]</i>	Yes 1 No..... 2 Still studying 3 Do not know 8	
10	If you have NOT received a formal primary education, have you ever attended classes to learn to read and write as an adult?	Yes 1 No..... 2 Do not know/ do not remember 8	
11	Do/did you face any types of physical and other barriers and discrimination in your school ,college or university ?	Yes.....1 No.....2 Do not know.....8	
12	Were /are the behaviors and attitudes of friends and teachers friendly ?	Yes.....1 No.....2 Do not Know.....8	

Employment and income

1.	Did/do you get any employment opportunity ?	Yes.....1 No.....2	
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2	<p>Has your level of education helped you find any work at all?</p> <p><i>[Do not read out; Circle only one answer]</i></p>	<p>Yes..... 1</p> <p>No 2</p> <p>Do not know 8</p>											
3	<p>Are you currently working?</p> <p>(include casual labor, part-time work and those who are self-employed).Circle only one answer.</p>	<p>Yes currently working 1</p> <p>No, but have been employed previously 2</p> <p>No, never been employed 3</p>	<p>→2</p> <p>→5</p>										
4	<p>What is your income per month from your job (if previously employed than from previous job)?</p>	<p>Poor.....1</p> <p>Very Poor.....2</p> <p>Average.....3</p> <p>High.....4</p> <p>Very High.....5</p>											
5	<p>Mention problems encountered in your work.</p>	<p>Discrimination by others staff.....1</p> <p>No invitation in staff parties.....2</p> <p>Lack of disability friendly infrastructure.....3</p> <p>Other specify.....4</p>											
6	<p>If not employed what are the reasons behind it?(Tick one only)</p>												
	<table border="1"> <tr> <td data-bbox="285 1539 345 1596"></td> <td data-bbox="345 1539 854 1596"></td> </tr> <tr> <td data-bbox="285 1596 345 1652">1</td> <td data-bbox="345 1596 854 1652">Due to disability</td> </tr> <tr> <td data-bbox="285 1652 345 1709">2</td> <td data-bbox="345 1652 854 1709">Lack of education qualification</td> </tr> <tr> <td data-bbox="285 1709 345 1766">3</td> <td data-bbox="345 1709 854 1766">Discrimination</td> </tr> <tr> <td data-bbox="285 1766 345 1875">4</td> <td data-bbox="345 1766 854 1875">Lack of organization to facilitate employment</td> </tr> </table>			1	Due to disability	2	Lack of education qualification	3	Discrimination	4	Lack of organization to facilitate employment		
1	Due to disability												
2	Lack of education qualification												
3	Discrimination												
4	Lack of organization to facilitate employment												

	5	Lack of skill oriented training		
7		Are you currently receiving social security, a disability grant or any other form of pension/grant?	Yes1 No.....2 Do not know.....8	→7
8		What type of grant or pension do you receive? <i>[Do not read out; circle ALL that apply]</i>	Disability grant.....1 Social Security.....2 Old age pension.....3 Old age grant.....4 Other (specify).....5	
9		How much amount of grant or pension you receive in a month?	Poor.....1 Very Poor.....2 Average.....3 Above Average.....4	
10		Are you getting waiver in transportation?	Yes1 No.....2	
11		Do you get waiver in hospital /user fee	Yes1 No.....2	

Political Participation

		Yes	No
1.	Are you involved in any self help organization of people with disability?	1	2
2.	Are you involved in any INGO/NGOS?	1	2
3.	Are you affiliated with any political	1	2

	party?		
4.	If Yes in Qs 3, Do the political party you belongs ask about your opinion?	1	2
5.	Do you participate in political meeting?	1	2
6.	Have you got your voter card?	1	2
7.	Did you vote in last election?	1	2
8.	If No in Qs 5 above, Was it related to your disability that you did not vote?	1	2
9.	Have you got your disability identity card/and citizenship certificate?	1	2

Social inclusion

		Yes, always		Never
1	Are you consulted in decision making in the institution where you live?	1		2
2	Does the staff at the institution involve you in conversation?	1		2
3	Are you included in any local community meeting?	1		2
4	Are you included in any voluntary activities?	1		2
5	Are you included to any social events and social gathering?	1		2

6	Are you allowed to go for celebration of festivals?	1		2
7	Are you included in any recreational activities?	1		2
8	Are you included in any leisure activities like sport ?	1		2

